

CAED 435 (Rev. 10/2023)		United States District Court, Eastern District of California		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>PLEASE Read Instruction Page (attached):</i>					
1. YOUR NAME Harrison Brown		2. EMAIL harrison.brown@blankrome.com		3. PHONE NUMBER 424-239-3400	
4. DATE 06/04/2024		5. MAILING ADDRESS 2029 Century Park East, 6th FL		6. CITY Los Angeles	
7. STATE CA		8. ZIP CODE 90067			
9. CASE NUMBER 2:21-cv-00073-JDP		10. JUDGE U.S. Magistrate Judge Jeremy D. Peterson		11. FROM 04/25/2024	
12. TO 04/25/2024		13. CASE NAME California Protection Alliance v. Pacific Bell Telephone Company		14. CITY Sacramento	
15. STATE California		16. ORDER FOR			
<input type="checkbox"/> APPEAL No.		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
<input type="checkbox"/> BANKRUPTCY		<input type="checkbox"/> OTHER (Specify)			
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>					
TRIAL		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION				Pre-Discovery Motion Conference	
<input type="checkbox"/> OPENING STATEMENTS					
<input type="checkbox"/> CLOSING ARGUMENTS					
<input type="checkbox"/> JURY INSTRUCTIONS					
18. ORDER (Grey Area for Court Reporter Use)					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
2-HOUR	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
19. SIGNATURE /s/ Harrison Brown				PROCESSED BY	
20. DATE 06/04/2024				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	